

**2024**  
**2D Barcode Specifications for Form MO-1040**

Code Field	Form Line #	Description	Picture Clause	Maximum Size	Negative Values	Acceptable Values
<b>Important note for 2024 - if field 10 (Amended return) is checked, there must be information in fields 106-116.</b>						
<b>*** Header Information ***</b>						
1	Header	Version Number				(see notes below)
2	Header	Developer Code				(T1 is current standard version)
3	Header	Jurisdiction (MO)				MO
4	Header	Description (MO1040) and current tax year				<b>MO1040/2024</b>
5	Header	Specification Version (0 for current version)				0
6	Header	Software/Form Version				
<b>*** MO 1040 ***</b>						
7	Top	Fiscal Year Beginning (Month)	PIC 9(2)	2		01 to 12 (Must be two digits)
8	Top	Fiscal Year Ending (Month)	PIC 9(2)	2		01 to 12 (Must be two digits)
9	Top	Year	PIC 9(4)	4		Tax Year
10	Top	AMENDED RETURN — CHECK HERE	PIC X(1)	1		X YES
11	Top	COMPOSITE RETURN — CHECK HERE	PIC X(1)	1		X YES
12	Top	Approved Federal Extension -- CHECK HERE	PIC X(1)	1		X YES
13	Top	Department of Social Services Application of Eligibility form attached — CHECK HERE	PIC X(1)	1		X YES
14	Top	Federal return attached — CHECK HERE	PIC X(1)	1		X YES - Federal Return is required for validating Line 44 Missouri Working Family Tax Credit. Check this box to indicate that you are attaching federal return prior to mailing Form MO-1040
15	Top	Vendor Code	PIC 9(4)	4		Software Vendor Code
16	NAME	Your Social Security Number	PIC 9(9)	9		
17	NAME	Spouse's Social Security Number	PIC 9(9)	9		
18	NAME	Your Last Name	PIC X(20)	20		
19	NAME	Your First Name	PIC X(14)	14		
20	NAME	Your Middle Initial	PIC X(1)	1		
21	NAME	Yourself Title (JR,SR,etc)	PIC X(3)	3		Title (JR,SR,etc) (No period after suffix)
22	NAME	Yourself Deceased in <b>2024</b>	PIC X(1)	1		X YES
23	NAME	Spouse's Last Name	PIC X(20)	20		
24	NAME	Spouse's First Name	PIC X(14)	14		
25	NAME	Spouse's Middle Initial	PIC X(1)	1		
26	NAME	Spouse's Title (JR, SR, etc)	PIC X(3)	3		Spouse's Title (No period after suffix)
27	NAME	Spouse Deceased in <b>2024</b>	PIC X(1)	1		X YES
28	NAME	In Care of Name	PIC X(30)	30		
29	NAME	County of Residence	PIC X(4)	4		Use 4 character county code
30	NAME	Present Address (include Apt. or Rural Route)	PIC X(35)	35		
31	NAME	City, Town or Post Office	PIC X(23)	23		
32	NAME	State	PIC X(2)	2		
33	NAME	Zip Code	PIC X(9)	9		99999 or 999999999
34	CHKBOX	Age 62 Through 64 Yourself	PIC X(1)	1		X YES
35	CHKBOX	Age 62 Through 64 Spouse	PIC X(1)	1		X YES
36	CHKBOX	Age 65 or Older Yourself	PIC X(1)	1		X YES
37	CHKBOX	Age 65 or Older Spouse	PIC X(1)	1		X YES
38	CHKBOX	Blind Yourself	PIC X(1)	1		X YES
39	CHKBOX	Blind Spouse	PIC X(1)	1		X YES
40	CHKBOX	100% Disabled Yourself	PIC X(1)	1		X YES
41	CHKBOX	100% Disabled Spouse	PIC X(1)	1		X YES
42	CHKBOX	Non-Obligated Spouse Yourself	PIC X(1)	1		X YES
43	CHKBOX	Non-Obligated Spouse Spouse	PIC X(1)	1		X YES
44	1Y	Federal Adjusted Gross Income (Yourself)	PIC S9(9)	9	Y	
45	1S	Federal Adjusted Gross Income (Spouse)	PIC S9(9)	9	Y	
46	2Y	Total Additions (from Form MO-A, Part 1, Line 7) Yourself	PIC 9(9)	9	N	
47	2S	Total Additions (from Form MO-A, Part 1, Line 7) Spouse	PIC 9(9)	9	N	
48	4Y	Total Subtractions (From Form MO-A, Part 1, Line 18) Yourself	PIC 9(9)	9	N	
49	4S	Total Subtractions (From Form MO-A, Part 1, Line 18) Spouse	PIC 9(9)	9	N	
50	5Y	Missouri Adj Gross Income (Subtract Line 4 from Line 3) Yourself	PIC S9(9)	9	Y	
51	5S	Missouri Adj Gross Income (Subtract Line 4 from Line 3) Spouse	PIC S9(9)	9	Y	
52	8	Pension Exemption (From Form MO-A, Part 3)	PIC 9(9)	9	N	
53	CHKBOX	Single	PIC X(1)	1		X YES
54	CHKBOX	Claimed as a dependent on another person's federal tax return	PIC X(1)	1		X YES
55	CHKBOX	Married filing joint federal & combined Missouri	PIC X(1)	1		X YES
56	CHKBOX	Married filing separate	PIC X(1)	1		X YES
57	CHKBOX	Head of household	PIC X(1)	1		X YES
58	CHKBOX	Qualifying widow(er)	PIC X(1)	1		X YES
59	9	Tax from Federal Return	PIC 9(9)	9	N	
60	10	Other Tax from federal return. Attach copy of your federal return (pages 1 & 2).	PIC 9(9)	9	N	
61	11	Total Tax from federal return. Add lines 9 and 10.	PIC 9(9)	9	N	
62	12	Total Federal Tax percentage	PIC 9(2)	2	N	35 for 35%, 25 for 25%, 15 for 15%, 5 for 5%, 0 for 0%. 35 is max.
63	13	Federal tax deduction.	PIC 9(9)	9		Married — 10000, Single — 5000 max
64	14	Missouri STANDARD DEDUCTION OR ITEMIZED DEDUCTIONS.	PIC 9(9)	9	N	
65	15	Additional Exemption for Head of Household and Qualified Widow(er)	PIC 9(9)	9	N	
66	16	Long-term care insurance deduction	PIC 9(9)	9	N	
67	17	Health care sharing ministry deduction	PIC 9(9)	9	N	
68	18	Active Duty Military income deduction	PIC 9(9)	9	N	
69	19	Inactive Duty Military income deduction	PIC 9(9)	9	N	
70	20	<b>Bring jobs home deduction - REMOVED</b>				
71	21	Farmland sold, rented, leased, or crop shared to a beginning farmer deduction	PIC 9(9)	9	N	Equals the sum of lines 21A, 21B, and 21C
72	21A	Sold	PIC 9(9)	9	N	Cannot exceed \$4,000,000
73	21B	Rented/Leased	PIC 9(9)	9	N	Cannot exceed \$25,000
74	21C	Crop Shared	PIC 9(9)	9	N	Cannot exceed \$25,000
75	22	First Time Home Buyer deduction A	PIC 9(9)	9	N	
76	22	First Time Home Buyer deduction B	PIC 9(9)	9	N	
77	22	First Time Home Buyer deduction	PIC 9(9)	9	N	
78	23	Long Term Dignity Savings Account Deduction	PIC 9(9)	9	N	
79	24	Foster Parent Tax Deduction	PIC 9(9)	9	N	
80	25	Total deductions--add Lines 8 and 13 through 24	PIC 9(9)	9	N	
81	26	Subtotal — subtract Line 25 from Line 6	PIC 9(9)	9	N	
82	28Y	Enterprise zone or rural empowerment zone income modification. Yourself	PIC 9(9)	9	N	
83	28S	Enterprise zone or rural empowerment zone income modification. Spouse	PIC 9(9)	9	N	
84	30Y	Tax on Line 29 Yourself	PIC 9(9)	9	N	
85	30S	Tax on Line 29 Spouse	PIC 9(9)	9	N	
86	31Y	Resident Credit (Yourself)	PIC 9(9)	9	N	
87	31S	Resident Credit (Spouse)	PIC 9(9)	9	N	
88	32Y	MO income percentage (Yourself)	PIC 9(4)	4		100 for 100%, 67 for 67%. <b>Default to 100.</b> 100 is max. If below .5, include max. If below .5, include decimals to the right of the decimal point (acceptable) values for decimal points are .001 to .499
89	32S	MO income percentage (Spouse)	PIC 9(4)	4		100 for 100%, 67 for 67%. <b>Default to 100.</b> 100 is max. If below .5, include decimal point and up to 3 decimals to the right of the decimal point (acceptable) decimal values for points are .001 to .499
90	33Y	Balance (Yourself)	PIC 9(9)	9	N	
91	33S	Balance (Spouse)	PIC 9(9)	9	N	
92	34	Other Taxes, Lump Sum distribution (Form 4972)	PIC X(1)	1		X YES
93	34	Other Taxes, Recapture of low income housing credit (Form 8611)	PIC X(1)	1		X YES
94	34Y	Other Taxes (Yourself)	PIC 9(9)	9	N	
95	34S	Other Taxes (Spouse)	PIC 9(9)	9	N	
96	35Y	Subtotal — Add Lines 33 and 34 (Yourself)	PIC 9(9)	9	N	
97	35S	Subtotal — Add Lines 33 and 34 (Spouse)	PIC 9(9)	9	N	
98	37	Missouri Tax withheld	PIC 9(9)	9	N	
99	38	<b>2024</b> Missouri estimated tax payments	PIC 9(9)	9	N	
100	39	Missouri tax withheld for nonresident partners or S corp shareholders	PIC 9(9)	9	N	
101	40	Missouri Tax withheld for nonresident entertainers	PIC 9(9)	9	N	

**2024**  
**2D Barcode Specifications for Form MO-1040**

101	41	Amount paid with Missouri extension of time to file (Form MO-60)	PIC 9(9)	9	N	
102	42	Miscellaneous tax credits (from Form MO-TC, Line 13)	PIC 9(9)	9	N	
103	43	Property tax credit. Attach Form MO-PTS	PIC 9(9)	9	N	
104	44	Missouri Working Family Tax Credit	PIC 9(9)	9	N	The Missouri Working Family Tax Credit cannot exceed the tax liability after all other credits. The sum of line 35y and 35S, minus Lines 42 and 43.
105	45	Total payments and credits Add Lines 37 through 44.	PIC 9(9)	9	N	
106	46	Amount paid on original return	PIC 9(9)	9	N	
107	47	Overpayment as shown (or adjusted) on original return	PIC 9(9)	9	N	
<b>Code Field</b>	<b>Form Line #</b>	<b>Description</b>	<b>Picture Clause</b>	<b>Maximum Size</b>	<b>Negative Values</b>	<b>Acceptable Values</b>
108	47A	Federal Audit	PIC X(1)	1		X YES
109	47A	Enter date of IRS report	PIC 9(6)	6		MMDDYY (example: 032115)
110	47B	Net operating loss carryback	PIC X(1)	1		X YES
111	47B	Enter year of loss	PIC 9(2)	2		YY
112	47C	Investment tax credit carryback	PIC X(1)	1		X YES
113	47C	Enter year of credit	PIC 9(2)	2		YY
114	47D	Correction other than A,B or C	PIC X(1)	1		X YES
115	47D	Enter date of federal amended return, if filed	PIC 9(6)	6		MMDDYY (example: 022315)
116	48	Amended Return — total payments and credits — add Line 46 to Line 45 or subtract Line 47 from	PIC 9(9)	9	N	
117	49	If Line 45, or if amended return, Line 48, is larger than Line 36, enter difference	PIC 9(9)	9	N	
118	50	Amount of Line 49 to be applied to your 2025 estimated tax	PIC 9(9)	9	N	
119	51a	Children's Trust Fund	PIC 9(9)	9	N	
120	51b	Veterans Trust Fund	PIC 9(9)	9	N	
121	51c	Elderly Home Delivered Meals Trust Fund	PIC 9(9)	9	N	
122	51d	Missouri National Guard Trust Fund	PIC 9(9)	9	N	
123	51e	Workers' Memorial Trust Fund	PIC 9(9)	9	N	
124	51f	Childhood Lead Testing Trust Fund	PIC 9(9)	9	N	
125	51g	Missouri Military Family Relief Fund	PIC 9(9)	9	N	
126	51h	General Revenue Fund	PIC 9(9)	9	N	
127	51i	Organ Donor Trust Fund	PIC 9(9)	9	N	
128	51j	Kansas City Regional Law Enforcement Memorial Foundation Fund	PIC 9(9)	9	N	
129	51k	Soldiers Memorial Military Museum in St. Louis Fund	PIC 9(9)	9	N	
130	51l	Medal of Honor Fund	PIC 9(9)	9	N	
131	51m1	Additional Trust Fund Code (2-Digit)	PIC 9(2)	2		
132	51m2	Trust Fund Dollar Amount	PIC 9(9)	9	N	
133	51n1	Additional Trust Fund Code (2-Digit)	PIC 9(2)	2		
134	51n2	Trust Fund Dollar Amount	PIC 9(9)	9	N	
135	52	MOST direct deposit from Form 5632	PIC 9(9)	9	N	
136	53	Overpayment to be refunded to you	PIC 9(9)	9	N	
137	54	If Line 36 is larger than Line 45 or Line 48, enter the difference (amount of	PIC 9(9)	9	N	
138	55	Underpayment of estimated tax penalty. Attach Form MO-2210.	PIC 9(9)	9	N	
139	56	Total Amount Due	PIC 9(9)	9	N	
140	SIGN	I authorize the Director of Revenue to discuss my return and	PIC X(1)	1		X YES
141	SIGN	Did you pay a tax return preparer to complete return, but they failed or	PIC X(1)	1		REQUIRED - X YES. YES OR NO must be checked on return
142	SIGN	Electronic Signature	PIC X(1)	1		X If electronic signature is present for taxpayer on single filer return or taxpayer and spouse on combined filing return
143	SIGN	Daytime Telephone	PIC 9(10)	10		
144	SIGN	FEIN, SSN, PTIN	PIC X(9)	9		
145	E10	E10 Checkbox	PIC X(1)	1		X YES if Code Field 12 - Approved Fed Extension is Checked YES
		<b>**** MO-A ****</b>				
		<b>**** MO-A Additions ****</b>				
146	1Y	Interest on state and local obligations other than Missouri source (Yourself)	PIC 9(9)	9	N	
147	1S	Interest on state and local obligations other than Missouri source (Spouse)	PIC 9(9)	9	N	
148	2	Partnership Check Box	PIC X(1)	1		X YES
149	2	Fiduciary Check Box	PIC X(1)	1		X YES
150	2	S Corporation Check Box	PIC X(1)	1		X YES
151	2	Business Interest Check Box	PIC X(1)	1		X YES
152	2	Net Operating Loss (Carryback/Carryforward)	PIC X(1)	1		X YES
153	2	Other	PIC X(1)	1		X YES
154	2Y	Partnership; Fiduciary; S Corporation; Net operating Loss; (Yourself)	PIC 9(9)	9	N	
155	2S	Partnership; Fiduciary; S Corporation; Net operating Loss; (Spouse)	PIC 9(9)	9	N	
156	3Y	Nonqualified distribution received from qualified 529 plan (Yourself)	PIC 9(9)	9	N	
157	3S	Nonqualified distribution received from qualified 529 plan (Spouse)	PIC 9(9)	9	N	
158	4Y	Food Pantry contributions included on Federal Sched A	PIC 9(9)	9	N	
159	4S	Food Pantry contributions included on Federal Sched A	PIC 9(9)	9	N	
160	5Y	Nonresident Property Tax	PIC 9(9)	9	N	
161	5S	Nonresident Property Tax	PIC 9(9)	9	N	
162	6Y	ABLE distributions not used to pay for qualified expenses (Yourself)	PIC 9(9)	9	N	
163	6S	ABLE distributions not used to pay for qualified expenses (Spouse)	PIC 9(9)	9	N	
		<b>**** MO-A Subtractions ****</b>				
164	8Y	Interest from exempt federal obligations included in federal AGI (Yourself)	PIC 9(9)	9	N	
165	8S	Interest from exempt federal obligations included in federal AGI (Spouse)	PIC 9(9)	9	N	
166	9Y	Any state income tax refund included in federal AGI (Yourself)	PIC 9(9)	9	N	
167	9S	Any state income tax refund included in federal AGI (Spouse)	PIC 9(9)	9	N	
168	10Y	Military Retirement Benefits (Yourself)	PIC 9(9)	9	N	
169	10S	Military Retirement Benefits (Spouse)	PIC 9(9)	9	N	
170	11	Partnership Check Box	PIC X(1)	1		X YES
171	11	Fiduciary Check Box	PIC X(1)	1		X YES
172	11	S Corporation Check Box	PIC X(1)	1		X YES
173	11	Railroad Retirement Benefits Check Box	PIC X(1)	1		X YES
174	11	Nonresident Military Check Box	PIC X(1)	1		X YES
175	11	Combat Pay Check Box	PIC X(1)	1		X YES
176	11	Build America and Recovery Zone Bond Interest Check Box	PIC X(1)	1		X YES
177	11	MO Public-Private Transportation Act Check Box	PIC X(1)	1		X YES
178	11	Net Operating Loss Check Box	PIC X(1)	1		X YES
179	11	Business Interest Check Box	PIC X(1)	1		X YES
180	11	Other	PIC X(1)	1		X YES
181	11Y	Partnership; Fiduciary; S Corporation; Railroad retirement (Yourself)	PIC 9(9)	9	N	
182	11S	Partnership; Fiduciary; S Corporation; Railroad retirement (Spouse)	PIC 9(9)	9	N	
183	12Y	Exempt contributions made to qualified 529 plan (Yourself)	PIC S(9)	9	N	\$16000 maximum for BOTH primary and secondary
184	12S	Exempt contributions made to qualified 529 plan (Spouse)	PIC S(9)	9	N	\$16000 maximum for BOTH primary and secondary
185	13Y	Qualified Health Insurance Premiums (Yourself)	PIC 9(9)	9	N	
186	13S	Qualified Health Insurance Premiums (Spouse)	PIC 9(9)	9	N	
187	14Y	Missouri depreciation adjustment (Yourself)	PIC 9(9)	9	N	
188	14S	Missouri depreciation adjustment (Spouse)	PIC 9(9)	9	N	
189	15Y	ABLE contributions (Yourself)	PIC 9(9)	9	N	
190	15S	ABLE contributions (Spouse)	PIC 9(9)	9	N	
191	16Y	Agriculture Disaster Deduction (Yourself)	PIC 9(9)	9	N	
192	16S	Agriculture Disaster Deduction (Spouse)	PIC 9(9)	9	N	
193	17Y	Business Income Deduction (Yourself)	PIC 9(9)	9	N	
194	17S	Business Income Deduction (Spouse)	PIC 9(9)	9	N	
		<b>**** MO-A, Part 2, Missouri Itemized Deductions ****</b>				
195	1	Total federal itemized deductions from Federal Form 1040 or 1040-SR, Line 12	PIC 9(9)	9	N	
196	2	2024 (FICA) — yourself — Social security \$ Medicare \$	PIC 9(9)	9	N	
197	3	2024 (FICA) — spouse — Social security \$ Medicare \$	PIC 9(9)	9	N	
198	4	2024 Railroad retirement tax — yourself (Tier 1 and Tier II) \$ Medicare \$	PIC 9(9)	9	N	
199	5	2024 Railroad retirement tax — spouse (Tier 1 and Tier II) \$ Medicare \$	PIC 9(9)	9	N	
200	6	2024 Medicare Tax - Yourself and Spouse	PIC 9(9)	9	N	
201	7	2024 Self-employment tax	PIC 9(9)	9	N	
202	9	State and local income taxes — See instructions	PIC 9(9)	9	N	

**2024**  
**2D Barcode Specifications for Form MO-1040**

203	10	Earnings taxes included in Line 9	PIC 9(9)	9	N	
204	11	Net state income taxes	PIC 9(9)	9	N	
<b>**** MO-A, Part 3, Section A, Public Pension Calculation ****</b>						
	1	MO Adjusted Gross Income from MO-1040, Line 6 - <b>REMOVED</b>				
	2	Taxable social security benefits from Federal Form 1040 or 1040-SR, Line 6b - <b>REMOVED</b>				
	3	Subtract Line 2 from Line 1 - <b>REMOVED</b>				
	4	Filing status amount -MFC-\$100,000, S,HOH, MFS, QW -\$85,000 - <b>REMOVED</b>				
	5	Subtract Line 4 from Line 3 and enter on Line 5. If Line 4>Line 3, enter \$0 - <b>REMOVED</b>				
205	1Y	Taxable pension for each spouse from public sources from Federal Form 1040 or 1040-SR, Line 5b	PIC 9(9)	9	N	
206	1S	Taxable pension for each spouse from public sources from Federal Form 1040 or 1040-SR, Line 5b	PIC 9(9)	9	N	
207	2Y	If Line 1 > \$46,381, enter \$46,381. If <\$46,381, enter amt from Line 1	PIC 9(9)	9	N	
208	2S	If Line 1 > \$46,381, enter \$46,381. If <\$46,381, enter amt from Line 1	PIC 9(9)	9	N	
209	3Y	If you received taxable social security and are claiming a social security exemption, complete Lines 1 thru 4 of Part 3 of MO-A, Section C, and enter the amount from Line 3Y here.	PIC 9(9)	9	N	
210	3S	If you received taxable social security and are claiming a social security exemption, complete Lines 1 thru 4 of Part 3 of MO-A, Section C, and enter the amount from Line 3S here.	PIC 9(9)	9	N	
211	4Y	Subtract Line 3 from Line 2. If Line 3>Line 2, enter \$0	PIC 9(9)	9	N	
212	4S	Subtract Line 3 from Line 2. If Line 3>Line 2, enter \$0	PIC 9(9)	9	N	
	10	Add amounts on Line 9Y and 9S - <b>REMOVED</b>				
213	5	Total Pension Exemption — Add amounts on Lines 4Y and 4S	PIC 9(9)	9	N	

**2024**  
**2D Barcode Specifications for Form MO-1040**

Code Field	Form Line #	Description	Picture Clause	Maximum Size	Negative Values	Acceptable Values
<b>**** MO-A, Part 3, Section B, Private Pension calculation ****</b>						
214	1	Enter Mo Adjusted Gross Income from Form MO-1040, Line 6	PIC 9S(9)	9	Y	
215	2	Enter taxable social security benefits from Federal Form 1040 or 1040-SR, Line 6b	PIC 9(9)	9	N	
216	3	Subtract Line 2 from Line 1	PIC 9S(9)	9	Y	
217	4	Enter appropriate filing status amount: MFC \$32,000; S, HOH, QW \$25,000; MFS \$16,000	PIC 9(9)	9	N	can't be 0
218	5	Subtract Line 4 from Line 3. If Line 4 > \$0, enter 0	PIC 9(9)	9	N	
219	6Y	Taxable pension amount from private sources from Federal Form 1040 or 1040-SR, Line 4b and 5b (Yourself)	PIC 9(9)	9	N	
220	6S	Taxable pension amount from private sources from Federal Form 1040 or 1040-SR, Line 4b and 5b (Spouse)	PIC 9(9)	9	N	
221	7Y	Enter amounts from Line 6Y or \$6000, whichever is less	PIC 9(9)	9	N	
222	7S	Enter amounts from Line 6S or \$6000, whichever is less	PIC 9(9)	9	N	
223	8	Add Lines 7Y and 7S	PIC 9(9)	9	N	
224	9	Total Private Pension Exemption-subtract Line 5 from Line 8. If Line 5 > Line 8, enter \$0	PIC 9(9)	9	N	
<b>****MO-A, Part 3, Section C, Social Security or Social Security Disability Calculation*</b>						
1		Enter Mo Adjusted Gross Income from Form MO-1040, Line 6 - <b>REMOVED</b>				
2		Enter appropriate filing status amount; MFC \$100,000; S, HOH, MFS, QW \$85,000 - <b>REMOVED</b>				
3		Subtract Line 2 from Line 1. If Line 2 > Line 1, enter \$0 - <b>REMOVED</b>				
225	1Y	Enter taxable social security benefits from Federal Form 1040 or 1040-SR, Line 6b (Yourself)	PIC 9(9)	9	N	
226	1S	Enter taxable social security benefits from Federal Form 1040 or 1040-SR, Line 6b (Spouse)	PIC 9(9)	9	N	
227	2Y	Enter taxable social security disability benefits from Federal Form 1040 or 1040-SR, Line 6b (Yourself)	PIC 9(9)	9	N	
228	2S	Enter taxable social security disability benefits from Federal Form 1040 or 1040-SR, Line 6b (Spouse)	PIC 9(9)	9	N	
229	3Y	Amount from Line(s) 1Y and/or 2Y	PIC 9(9)	9	N	
230	3S	Amount from Line(s) 1S and/or 2S	PIC 9(9)	9	N	
7		Add Lines 6Y and 6S - <b>REMOVED</b>				
231	4	Enter total social security/social security disability - Add Lines 3Y and 3S	PIC 9(9)	9	N	
<b>**MO-A, Part 3, Section D, Total Pension and Soc Sec/Soc Sec Disab*</b>						
232		Total Pension and Social Security/Social Security Disability Deduction	PIC 9(9)	9	N	
<b>**** MO-TC ****</b>						
233	1	Benefit Number	PIC 9(6)	6	N	
234	1	Credit Code (3 Characters) see form	PIC X(3)	3		
235	1Y		PIC 9(9)	9		
236	1S		PIC 9(9)	9		
237	2	Benefit Number	PIC 9(6)	6	N	
238	2	Credit Code (3 Characters) see form	PIC X(3)	3		
239	2Y		PIC 9(9)	9		
240	2S		PIC 9(9)	9		
241	3	Benefit Number	PIC 9(6)	6	N	
242	3	Credit Code (3 Characters) see form	PIC X(3)	3		
243	3Y		PIC 9(9)	9		
244	3S		PIC 9(9)	9		
245	4	Benefit Number	PIC 9(6)	6	N	
246	4	Credit Code (3 Characters) see form	PIC X(3)	3		
247	4Y		PIC 9(9)	9		
248	4S		PIC 9(9)	9		
249	5	Benefit Number	PIC 9(6)	6	N	
250	5	Credit Code (3 Characters) see form	PIC X(3)	3		
251	5Y		PIC 9(9)	9		
252	5S		PIC 9(9)	9		
253	6	Benefit Number	PIC 9(6)	6	N	
254	6	Credit Code (3 Characters) see form	PIC X(3)	3		
255	6Y		PIC 9(9)	9		
256	6S		PIC 9(9)	9		
257	7	Benefit Number	PIC 9(6)	6	N	
258	7	Credit Code (3 Characters) see form	PIC X(3)	3		
259	7Y		PIC 9(9)	9		
260	7S		PIC 9(9)	9		
261	8	Benefit Number	PIC 9(6)	6	N	
262	8	Credit Code (3 Characters) see form	PIC X(3)	3		
263	8Y		PIC 9(9)	9		
264	8S		PIC 9(9)	9		
265	9	Benefit Number	PIC 9(6)	6	N	
266	9	Credit Code (3 Characters) see form	PIC X(3)	3		
267	9Y		PIC 9(9)	9		
268	9S		PIC 9(9)	9		
269	10	Benefit Number	PIC 9(6)	6	N	
270	10	Credit Code (3 Characters) see form	PIC X(3)	3		
271	10Y		PIC 9(9)	9		
272	10S		PIC 9(9)	9		
<b>**** MO-PTS ****</b>						
273	Name	Birthdate (Yourself)	PIC 9(8)	8		MMDDYYYY (example: 03151937) **Total of 8 digits
274	Name	Birthdate (Spouse)	PIC 9(8)	8		MMDDYYYY (example: 03151937) **Total of 8 digits
		Note: Name/Address information same as 1040 name/address information.				
275	A	65 years of age or older	PIC X(1)	1		X YES
276	B	100% Disabled Veteran	PIC X(1)	1		X YES
277	C	100% Disabled	PIC X(1)	1		X YES
278	D	60 years of age or older and received surviving spouse benefits	PIC X(1)	1		X YES
279	Filing	Single	PIC X(1)	1		X YES
280	Filing	Married — Filing Combined	PIC X(1)	1		X YES
281	Filing	Married — Living Separate for Entire Year	PIC X(1)	1		X YES
282	1	Enter the amount of income from MO-1040, Line 6, or Form MO-1040P, Line 4	PIC S9(9)	9	Y	
283	2	Enter the amount of nontaxable social security benefits before any deductions	PIC 9(9)	9	N	
284	3	Enter the total amount of pensions, annuities, dividends, rental or interest income	PIC 9(9)	9	N	
285	4	Enter the amount of railroad retirement benefits before any deductions	PIC 9(9)	9	N	
286	5	Enter the amount of veteran's payments or benefits before any deductions	PIC 9(9)	9	N	
287	6	Enter the total amount received by you and/or your minor children from:	PIC 9(9)	9	N	
288	7	Enter the amount of nonbusiness loss(es).	PIC 9(9)	9	N	
289	8	Total household income — add Lines 1 through 7	PIC S9(9)	9	Y	
290	9	Enter \$0, \$2000, or \$4000 based on filing and occupancy status	PIC 9(9)	9	N	
291	10	Net household income — (Subtract Line 9 from Line 8.)	PIC S9(9)	9	Y	
292	11	If you owned your home, enter total prop. tax less spec. assessments.	PIC 9(9)	9	N	
293	12	If you rented your home, enter amount from MO-CRP, Line 9	PIC 9(9)	9	N	
294	13	Total tax and or rent—add Lines 11 and 12 and enter total (max \$750 or \$1100, depending on occupancy)	PIC 9(9)	9	N	
295	14	Property Tax Credit	PIC 9(9)	9	N	
<b>*** Certification of Rent Paid *** 1</b>						
296	5-From	Rental Period during year, From Month, Day, Year	PIC 9(8)	8		MMDDYY (example: 01012024) **Total of 8 digits
297	5-To	Rental Period during year, To Month, Day, Year	PIC 9(8)	8		MMDDYY (example: 12312024) **Total of 8 digits
298	6	Enter your gross rent paid.	PIC 9(9)	9	N	
299	7	A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100%	PIC X(1)	1		X YES

**2024**  
**2D Barcode Specifications for Form MO-1040**

300	7	B. MOBILE HOME LOT — 100%	PIC X(1)	1		X YES
301	7	C. BOARDING HOME / RESIDENTIAL CARE — 50%	PIC X(1)	1		X YES
302	7	D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45%	PIC X(1)	1		X YES
303	7	E. HOTEL, If meals are included, enter — 50%; otherwise enter — 100%	PIC X(1)	1		X YES
304	7	F. LOW INCOME HOUSING — 100% (Rent cannot exceed 40% of total household income).	PIC X(1)	1		X YES
305	7	G. SHARED RESIDENCE — If you shared your residence with relatives	PIC X(1)	1		X YES
306	7G1	G1. Additional Persons sharing residence — 1	PIC X(1)	1		X YES (If this box is checked, enter 50% on Line 7.)
307	7G2	G2. Additional Persons sharing residence — 2	PIC X(1)	1		X YES (If this box is checked, enter 33% on Line 7.)
308	7G3	G3. Additional Persons sharing residence — 3	PIC X(1)	1		X YES (If this box is checked, enter 25% on Line 7.)
309	7	Check the appropriate box and enter the percentage on Line 7.	PIC 9(3)	3		100 for 100%, 67 for 67%. Never greater than 100.
310	8	Net rent paid. Multiply Line 6 by the percent on Line 7.	PIC 9(9)	9	N	
311	9	CRP total (see 20% of line 8)	PIC 9(9)	9	N	
<b>*** Certification of Rent Paid *** 2</b>						
312	5-From	Rental Period during year, From Month, Day, Year	PIC 9(8)	8		MMDDYY (example: 01012024) **Total of 8 digits
313	5-To	Rental Period during year, To Month, Day, Year	PIC 9(8)	8		MMDDYY (example: 12312024) **Total of 8 digits
314	6	Enter your gross rent paid.	PIC 9(9)	9	N	
315	7	A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100%	PIC X(1)	1		X YES
316	7	B. MOBILE HOME LOT — 100%	PIC X(1)	1		X YES
317	7	C. BOARDING HOME / RESIDENTIAL CARE — 50%	PIC X(1)	1		X YES
318	7	D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45%	PIC X(1)	1		X YES
319	7	E. HOTEL, If meals are included, enter — 50%; otherwise enter — 100%	PIC X(1)	1		X YES
320	7	F. LOW INCOME HOUSING — 100% (Rent cannot exceed 40% of total household income).	PIC X(1)	1		X YES
321	7	G. SHARED RESIDENCE — If you shared your residence with relatives	PIC X(1)	1		X YES
322	7G1	G1. Additional Persons sharing residence — 1	PIC X(1)	1		X YES (If this box is checked, enter 50% on Line 7.)
323	7G2	G2. Additional Persons sharing residence — 2	PIC X(1)	1		X YES (If this box is checked, enter 33% on Line 7.)
324	7G3	G3. Additional Persons sharing residence — 3	PIC X(1)	1		X YES (If this box is checked, enter 25% on Line 7.)
325	7	Check the appropriate box and enter the percentage on Line 7.	PIC 9(3)	3		100 for 100%, 67 for 67%. Never greater than 100.
326	8	Net rent paid. Multiply Line 6 by the percent on Line 7.	PIC 9(9)	9	N	
327	9	CRP total (see 20% of Line 8)	PIC 9(9)	9	N	
<b>*** Certification of Rent Paid *** 3</b>						
328	5-From	Rental Period during year, From Month, Day, Year	PIC 9(8)	8		MMDDYY (example: 01012024) **Total of 8 digits
329	5-To	Rental Period during year, To Month, Day, Year	PIC 9(8)	8		MMDDYY (example: 12312024) **Total of 8 digits
330	6	Enter your gross rent paid.	PIC 9(9)	9	N	
331	7	A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100%	PIC X(1)	1		X YES
332	7	B. MOBILE HOME LOT — 100%	PIC X(1)	1		X YES
333	7	C. BOARDING HOME / RESIDENTIAL CARE — 50%	PIC X(1)	1		X YES
334	7	D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45%	PIC X(1)	1		X YES
335	7	E. HOTEL, If meals are included, enter — 50%; otherwise enter — 100%	PIC X(1)	1		X YES
336	7	F. LOW INCOME HOUSING — 100% (Rent cannot exceed 40% of total household income).	PIC X(1)	1		X YES
337	7	G. SHARED RESIDENCE — If you shared your residence with relatives	PIC X(1)	1		X YES
338	7G1	G1. Additional Persons sharing residence — 1	PIC X(1)	1		X YES (If this box is checked, enter 50% on Line 7.)
339	7G2	G2. Additional Persons sharing residence — 2	PIC X(1)	1		X YES (If this box is checked, enter 33% on Line 7.)
340	7G3	G3. Additional Persons sharing residence — 3	PIC X(1)	1		X YES (If this box is checked, enter 25% on Line 7.)
341	7	Check the appropriate box and enter the percentage on Line 7.	PIC 9(3)	3		100 for 100%, 67 for 67%. Never greater than 100.
342	8	Net rent paid. Multiply Line 6 by the percent on Line 7.	PIC 9(9)	9	N	
343	9	CRP total (see 20% of Line 8)	PIC 9(9)	9	N	

**2024**  
**2D Barcode Specifications for Form MO-1040**

Code Field	Form Line #	Description	Picture Clause	Maximum Size	Negative Values	Acceptable Values
<b>*** Certification of Rent Paid *** 4</b>						
344	5-From	Rental Period during year, From Month, Day, Year	PIC 9(8)	8		MMDDYY (example: 01012024) **Total of 8 digits
345	5-To	Rental Period during year, To Month, Day, Year	PIC 9(8)	8		MMDDYY (example: 12312024) **Total of 8 digits
346	6	Enter your gross rent paid.	PIC 9(9)	9	N	
347	7	A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100%	PIC X(1)	1		X YES
348	7	B. MOBILE HOME LOT — 100%	PIC X(1)	1		X YES
349	7	C. BOARDING HOME / RESIDENTIAL CARE — 50%	PIC X(1)	1		X YES
350	7	D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45%	PIC X(1)	1		X YES
351	7	E. HOTEL, If meals are included, enter — 50%; otherwise enter — 100%	PIC X(1)	1		X YES
352	7	F. LOW INCOME HOUSING — 100% (Rent cannot exceed 40% of total household income).	PIC X(1)	1		X YES
353	7	G. SHARED RESIDENCE — If you shared your residence with relatives	PIC X(1)	1		X YES
354	7G1	G1. Additional Persons sharing residence — 1	PIC X(1)	1		X YES (If this box is checked, enter 50% on Line 7.)
355	7G2	G2. Additional Persons sharing residence — 2	PIC X(1)	1		X YES (If this box is checked, enter 33% on Line 7.)
356	7G3	G3. Additional Persons sharing residence — 3	PIC X(1)	1		X YES (If this box is checked, enter 25% on Line 7.)
357	7	Check the appropriate box and enter the percentage on Line 7.	PIC 9(3)	3		100 for 100%, 67 for 67%. Never greater than 100.
358	8	Net rent paid. Multiply Line 6 by the percent on Line 7.	PIC 9(9)	9	N	
359	9	CRP total (see 20% of Line 8)	PIC 9(9)	9	N	
<b>*** Certification of Rent Paid *** 5</b>						
360	5-From	Rental Period during year, From Month, Day, Year	PIC 9(8)	8		MMDDYY (example: 01012024) **Total of 8 digits
361	5-To	Rental Period during year, To Month, Day, Year	PIC 9(8)	8		MMDDYY (example: 12312024) **Total of 8 digits
362	6	Enter your gross rent paid.	PIC 9(9)	9	N	
363	7	A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100%	PIC X(1)	1		X YES
364	7	B. MOBILE HOME LOT — 100%	PIC X(1)	1		X YES
365	7	C. BOARDING HOME / RESIDENTIAL CARE — 50%	PIC X(1)	1		X YES
366	7	D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45%	PIC X(1)	1		X YES
367	7	E. HOTEL, If meals are included, enter — 50%; otherwise enter — 100%	PIC X(1)	1		X YES
368	7	F. LOW INCOME HOUSING — 100% (Rent cannot exceed 40% of total household income).	PIC X(1)	1		X YES
369	7	G. SHARED RESIDENCE — If you shared your residence with relatives	PIC X(1)	1		X YES
370	7G1	G1. Additional Persons sharing residence — 1	PIC X(1)	1		X YES (If this box is checked, enter 50% on Line 7.)
371	7G2	G2. Additional Persons sharing residence — 2	PIC X(1)	1		X YES (If this box is checked, enter 33% on Line 7.)
372	7G3	G3. Additional Persons sharing residence — 3	PIC X(1)	1		X YES (If this box is checked, enter 25% on Line 7.)
373	7	Check the appropriate box and enter the percentage on Line 7.	PIC 9(3)	3		100 for 100%, 67 for 67%. Never greater than 100.
374	8	Net rent paid. Multiply Line 6 by the percent on Line 7.	PIC 9(9)	9	N	
375	9	CRP total (see 20% of Line 8)	PIC 9(9)	9	N	
<b>***Direct Deposit***</b>						
376		Account Type	PIC X(1)	1		"C" for checking, "S" for savings, or blank
377		Routing Number	PIC 9(9)	9	N	
378		Account Number	PIC 17(17)	17	N	
<b>***MO-5632***</b>						
379	A	MOST Account Number	PIC 9(11)	11		
380	A	Deposit Amount	PIC 9(9)	9	N	
381	B	MOST Account Number	PIC 9(11)	11		
382	B	Deposit Amount	PIC 9(9)	9	N	
383	C	MOST Account Number	PIC 9(11)	11		
384	C	Deposit Amount	PIC 9(9)	9	N	
385	D	MOST Account Number	PIC 9(11)	11		
386	D	Deposit Amount	PIC 9(9)	9	N	
387		<b>*EOD*</b>				
				2,419 calculated # characters		

**2024**  
**2D Barcode Specifications for Form MO-1040**

**General Information**

For blank fields, use a carriage return

County of Residence, field 25, must contain the four digit county code. If out-of-state, enter NONR.

All alpha characters should be in capital letters (A-Z).

Numeric fields aren't zero filled.

Refer to the "Acceptable Values" column for clarification of acceptable field values.

Negative amounts will have a leading minus sign.

Check boxes, an X indicates Yes, nothing is No (see Acceptable Values Column)

Only whole dollar amounts should be entered on the MO-1040 return. When entering amounts (such as W-2s) where multiple amounts may need to be entered as a total, add the amounts together then round and enter.

Any fields which can be negative are noted above. The picture clause should have a S (example: PIC S9(9)). A negative sign must be included in the field (example: -90, -1000) and precede the first number in the field.

The intended use of the Description Column is to cross reference the barcode field number, form line number, and form line wording. The description may not be exact due to limitations of space. Please refer to the tax form and instructions for the exact line wording.

**Trailer:** The last field in the barcode data stream is the trailer. The trailer is used to indicate the end of data has been reached. A static String of "EOD" is used as the trailer value. If a trailer is not found, this indicates a data overflow condition has occurred.

**Header Information:** There is information generic to all barcodes that should be placed first in the barcode data stream. The first six fields in the barcode comprise the official header. The fields in the official header are variable length and therefore can contain as much or as little data as is necessary. This information must be consistent among all barcodes and is defined below.

*(Note: The symbol <CR> is used to represent a single carriage return character.)*

**Header Version Number:** will be incremented each time the standards group alters the physical structure of the barcodes that were created using multiple header formats. This value is static for all barcodes and is currently T1.

**Developer Code:** A four-digit code used to identify the Software Developer whose application produced the barcode. The purpose of this field is to allow forms to be traced to the vendor producing them.

**Jurisdiction:** An alphanumeric identifier indicating the taxing jurisdiction. Use the US Postal Service's official state abbreviations.

**Description:** An alphanumeric identifier used to describe the form being processed. The identifier can be used to route the barcode information to the correct system for further processing. For Missouri, use MO1040.

**Specification Version:** A number that identifies the version of the specifications used to produce the form barcode. These specifications are provided by the jurisdiction processing the form and describe the data layout in the barcode. Draft versions of the specifications are not assigned version numbers. The final version shall be "0", revision thereafter will increase numerically.

**Software/Form Version:** A vendor defined version number that reflects the software and form revision used to produce the barcode.

**Example**

Header Version Number "T1"  
Developer Code:"9999"  
Jurisdiction: "MO"  
Description: "MO1040"  
Specification Version: "0"  
Software/Form Version: "1.0"

**Raw Header**

T1<CR>9999<CR>MO<CR>MO1040<CR>0<CR>1.0<CR>

**End of Data**

**EOD\* must be printed in Field 387**

**Trust Funds**

**Additional TRUST FUND CODES for Form MO-1040, Lines 50m and 50n**

**01 American Cancer Society**

**02 American Diabetes Association**

**03 American Heart Association**

**05 Amyotrophic Lateral Sclerosis (ALS—Lou Gehrig's Disease)**

**07 Muscular Dystrophy Association**

**08 March of Dimes**

**09 Arthritis Foundation Fund**

**10 National Multiple Sclerosis Society Fund**

**14 Foster Care and Adoptive Parents Recruitment and Retention Fund**

**19 Missouri National Guard Trust Fund**

**Please be sure to make this a two digit number. If it is a single digit number, add the zero on the left to make it a two digit number. (1=01; 2=02, etc.)**

Missouri *encourages* you to default the 2-D barcode to "ON" when your software is released. It is highly preferred that we receive returns with a 2-D barcode. Please make every effort to print a 2-D barcode on all your returns.

**ADDRESS ISSUE:**

\*It is preferred that you print only the 2-D barcode mailing address on the form, if your company is implementing 2-D barcode. If your company is not implementing 2-D barcode, please print only the non-2-D barcode address. If this doesn't work for your company, please print both addresses or refer your clients to the instructions.

**REFUND:**

DEPARTMENT OF REVENUE, PO BOX 500, JEFFERSON CITY, MO 65106-0500.  
(\*2-D Barcode ONLY—DOR, PO BOX 3222, JEFFERSON CITY, MO 65105-3222)

**AMOUNT YOU OWE:**

DEPARTMENT OF REVENUE, PO BOX 329, JEFFERSON CITY, MO 65107-0329.  
(\*2-D Barcode ONLY—DOR, PO BOX 3370, JEFFERSON CITY, MO 65105-3370).

**2-D barcode testing should be complete within two months of releasing the 2-D barcode packet.**